POSITION	INITIALS	ID NO.	DATE
			3/14/0
FEE DETERMINATION	Sm		
O.I.P.E. CLASSIFIER		32	3/13
FORMALITY REVIEW	BH	6024-3	5/19-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date	Claim		Date	Claim		Date
Final	Original		Final	Original		Final	Original	
1	1		51			101		
2	2		52			102		
3	3		53			103		
4	4		54			104		
	5		55			105		
	6		56			106		
	7		57			107		
	8		58			108		
	9		59			109		
	10		60			110		
11	11		61			111		
12	12		62			112		
13	13		63			113		
14	14		64			114		
15	15		65			115		
16	16		66			116		
17	17		67			117		
18	18		68			118		
19	19		69			119		
20	20		70			120		
21	21		71			121		
22	22		72			122		
23	23		73			123		
24	24		74			124		
25	25		75			125		
	26		76			126		
	27		77			127		
	28		78			128		
	29		79			129		
	30		80			130		
	31		81			131		
	32		82			132		
	33		83			133		
	34		84			134		
	35		85			135		
	36		86			136		
	37		87			137		
	38		88			138		
	39		89			139		
	40		90			140		
	41		91			141		
	42		92			142		
	43		93			143		
	44		94			144		
	45		95			145		
	46		96			146		
	47		97			147		
	48		98			148		
	49		99			149		
	50		100			150		

If more than 150 claims or 10 actions
staple additional sheet here

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